

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

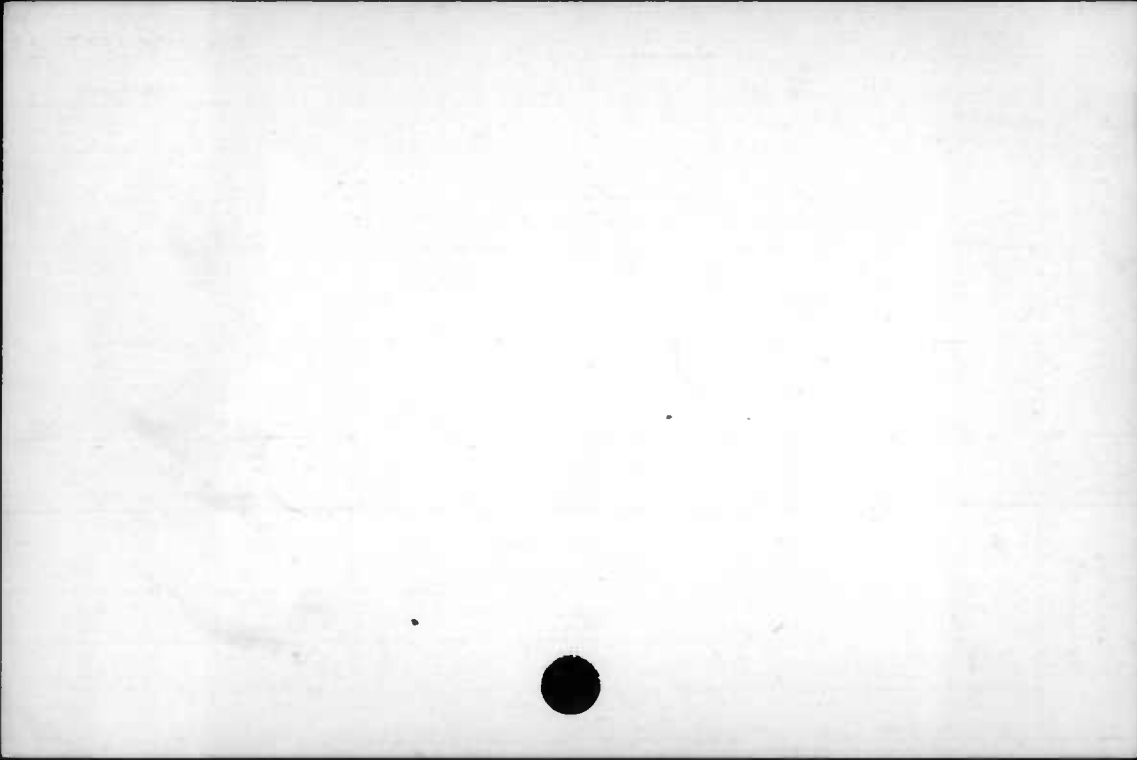
Died at <i>Fulton</i> Town		<i>Howard</i> County	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>3<sup>rd</sup></i>	Age <i>75</i> Years
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>	Months
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Fulton</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Butler</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Henry White</i>	How related to deceased <i>none</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 1/2 days</i>
Immediate <i>Apoplexy</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. M. L. Bassett</i>
	Address <i>Highlands</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *(bross) Annie Eugenia* Town *Mount View* County *Howard -* MARYLAND

Died *over* *Mount View*

Date of death *1907* Month *11* Day *12* Age *one* Years Months *five* Days *-*

Sex *Female* Color or Race *white* Birth-place *Ind.*

Occupation *none* Where Residing if not at place of death */*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Edmund R. Bross* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary M. Wender* Mother's Birthplace *Ind.*

Name of person giving information *Edm. Bross* How related to deceased *Father*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

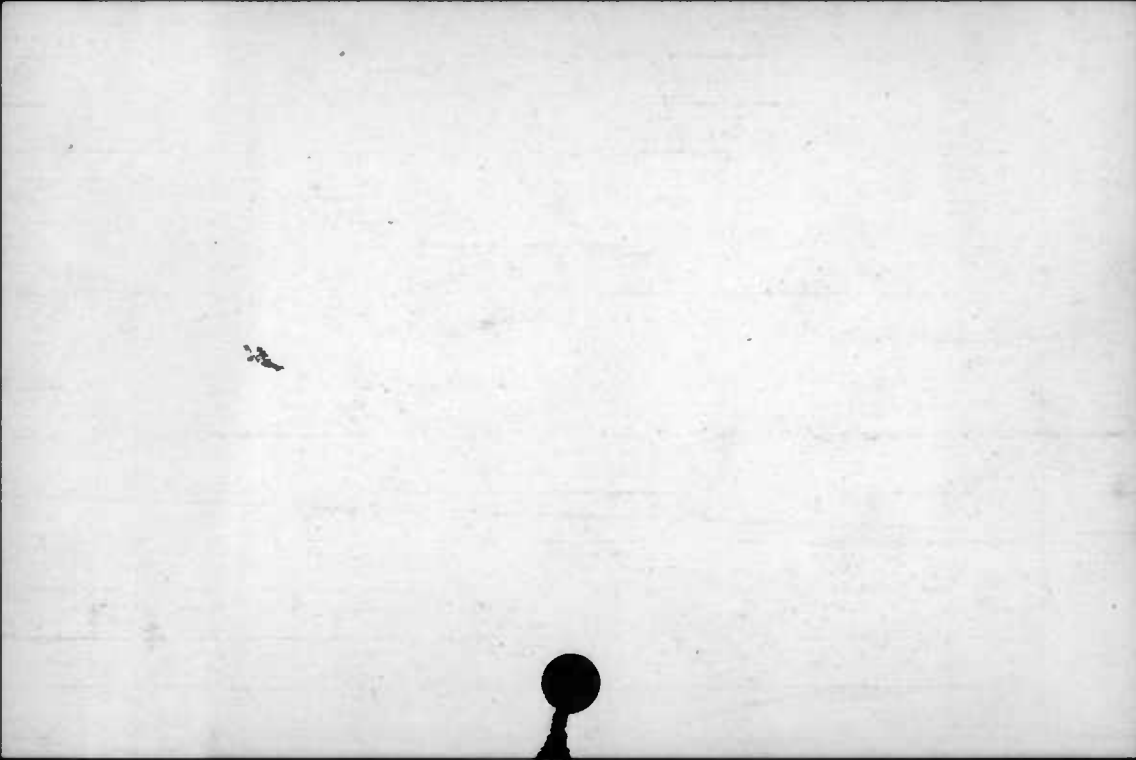
Primary *Acute Indigestion* How long *one hour*

Immediate *-* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Martha E. Jones, M.D.* Address *Sylva, N.C.*

Accident or Suicide? *-*



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Hermione J. Dennis</i>		Town <i>near Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at		Date of death 1907		Month <i>Nov.</i>		Day <i>22</i>	
Age <i>71</i>		Years <i>71</i>		Months <i>5</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Georgia</i>			
Occupation <i>House Duties</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edward P. Dennis</i>					
Father's Name <i>Limri Rose</i>		Father's Birthplace <i>Conn.</i>					
Mother's Maiden Name <i>Lavinia Blount</i>		Mother's Birthplace <i>N. Carolina</i>					
Name of person giving information <i>Eugene Dennis</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

46

PHYSICIAN  
OR CORONER

Primary <i>Abdominal Tumors</i>		How long <i>6 mos</i>	
Immediate <i>Carcinoma</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John B. Rogers</i>	
		Address <i>Ellicott City, Md</i>	
Accident or Suicide? <i>—</i>			

Greenwood Cemetery

Brooklyn N.Y.

Name  
in  
Full

Albion Hanson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov	20	Age 31			
Sex	Male	Color or Race	Labourer	Birth-place	Md		
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Nicholas Hanson			Father's Birthplace	Md		
Mother's Maiden Name	Martha Gardner			Mother's Birthplace	Md		
Name of person giving information	Samuel Hanson			How related to deceased	Brother		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis 6 mos.		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. C. Shrin	
		Address	
		Ellicott City	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Walter Hawkins

Died at *Eek Ridge*

Town

Howard

County

MARYLAND

Date  
of death 1907

Month

Nov.

Day

8

Age

Years

7

Months

0

Days

28

Sex *Male*Color or  
Race*Colored*Birth-  
place*Eek Ridge*

Occupation

*none*Where Residing if not  
at place of death*Eek Ridge, Md.*~~Married~~, Single  
or WidowedName of Wife or  
Husband*none*Father's  
Name*Robert Hawkins*Father's  
Birthplace*Md*Mother's  
Maiden Name*Georganna Johnson*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Georganna Hawkins*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Typhoid fever*

How long

*2 wks.*

Immediate

*Meningitis*

How long

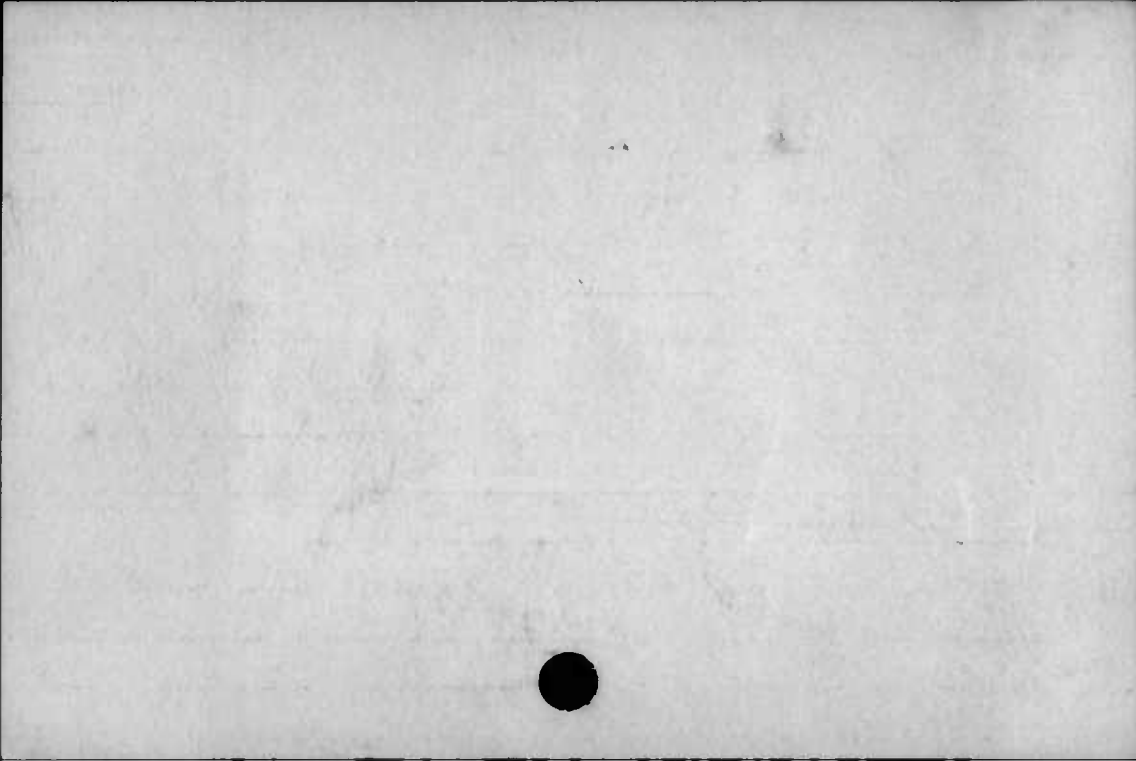
*1 wk.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm R. Eareckson*

Address

*Eek Ridge, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
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Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

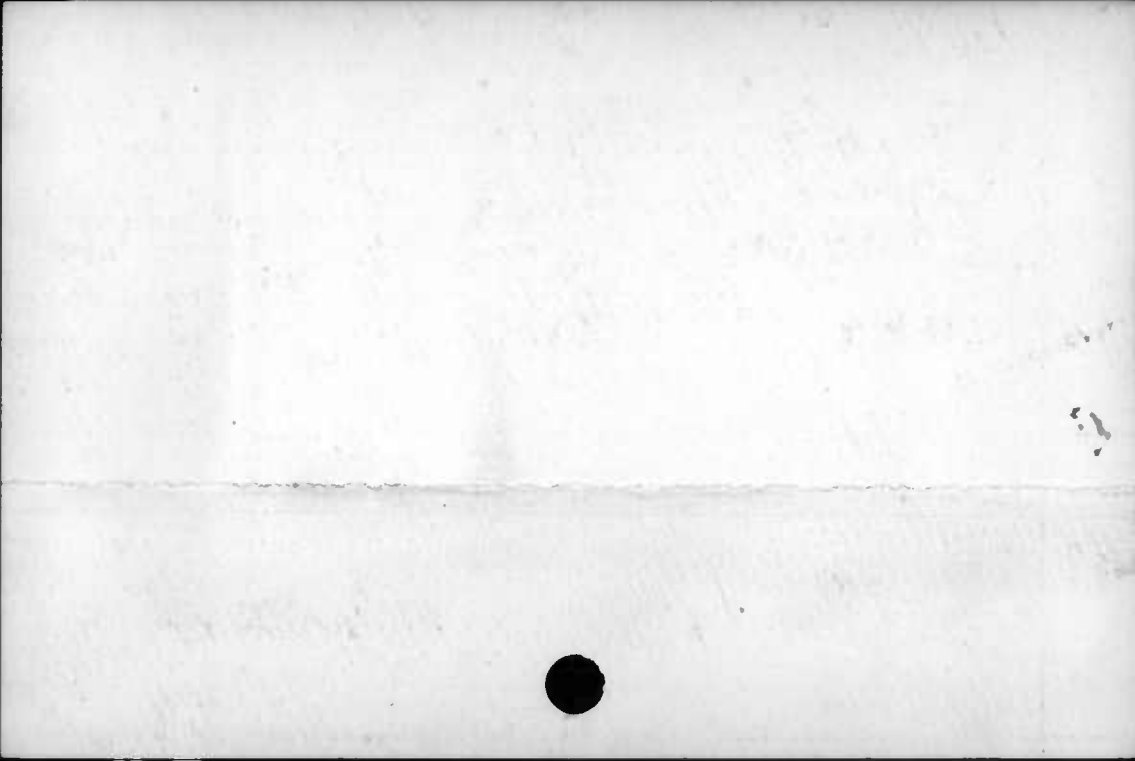
Name in Full <i>Ellen Jones</i>		Town <i>Harv Savage</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>18</i>		Age <i>85</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Ind</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Harv Savage</i>					
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Harriet Snowden</i>		How related to deceased <i>Daughter-in-law</i>					

## CAUSES OF DEATH

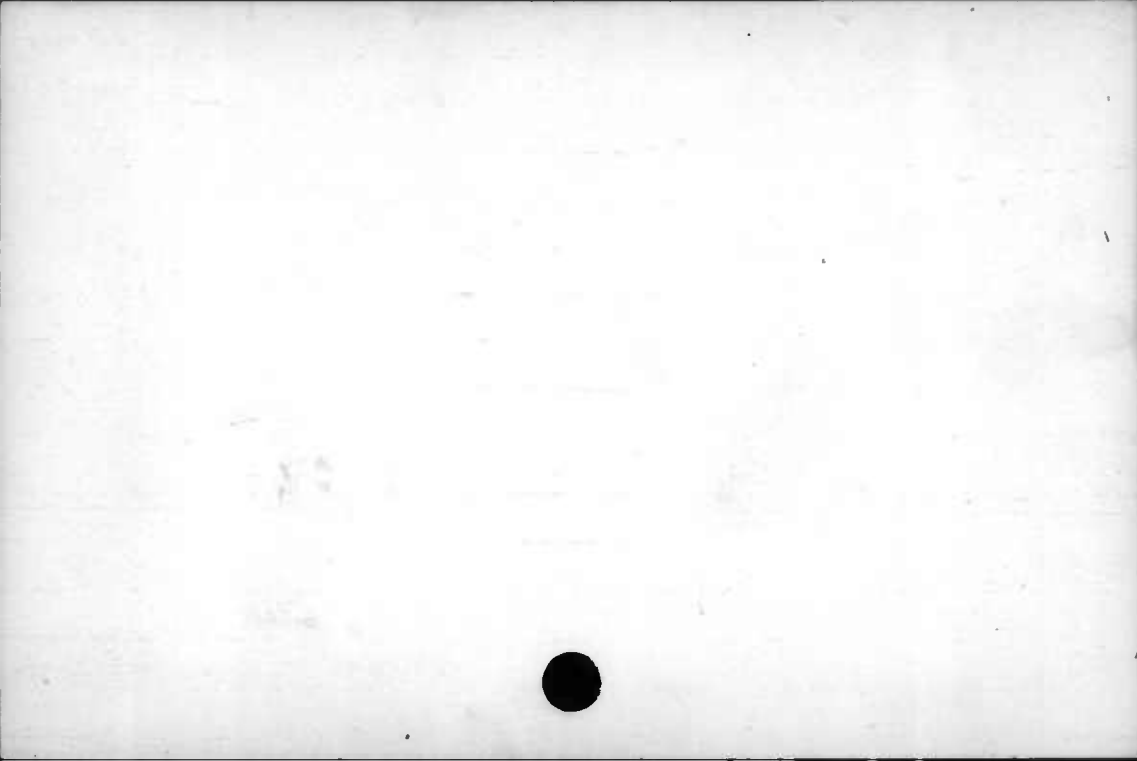
1574

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>In firmities of age</i>		How long <i>Several years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Bromfield M.D.</i>	
		Address <i>Lanham Md</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Mary Agnes Lilly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Rower</u> Town		<u>Howard</u> County		MARYLAND		
	Date of death <u>1907 Nov.</u> Month <u>7</u> Day <u>18</u>		Age <u>73</u> Years		Months <u>2</u>		Days <u>9</u>
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
	Occupation <u>House wife</u>		Where Residing if not at place of death <u>_____</u>				
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>David Lilly</u>				
	Father's Name <u>Evan Robert Gaither</u>		Father's Birthplace <u>Maryland</u>				
	Mother's Maiden Name <u>Sarah Ann Shipley</u>		Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>David Lilly</u>		How related to deceased <u>Nephew</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>General Debility</u>		How long <u>13 weeks</u>				
	Immediate <u>Exhaustion</u>		How long <u>13 weeks</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John W. Webb Jr.</u>				
			Address <u>West-Friendship</u>				
	Accident or Suicide? <u>no</u>		<u>Howard Co. Md.</u>				



Name  
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Full

Henson Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
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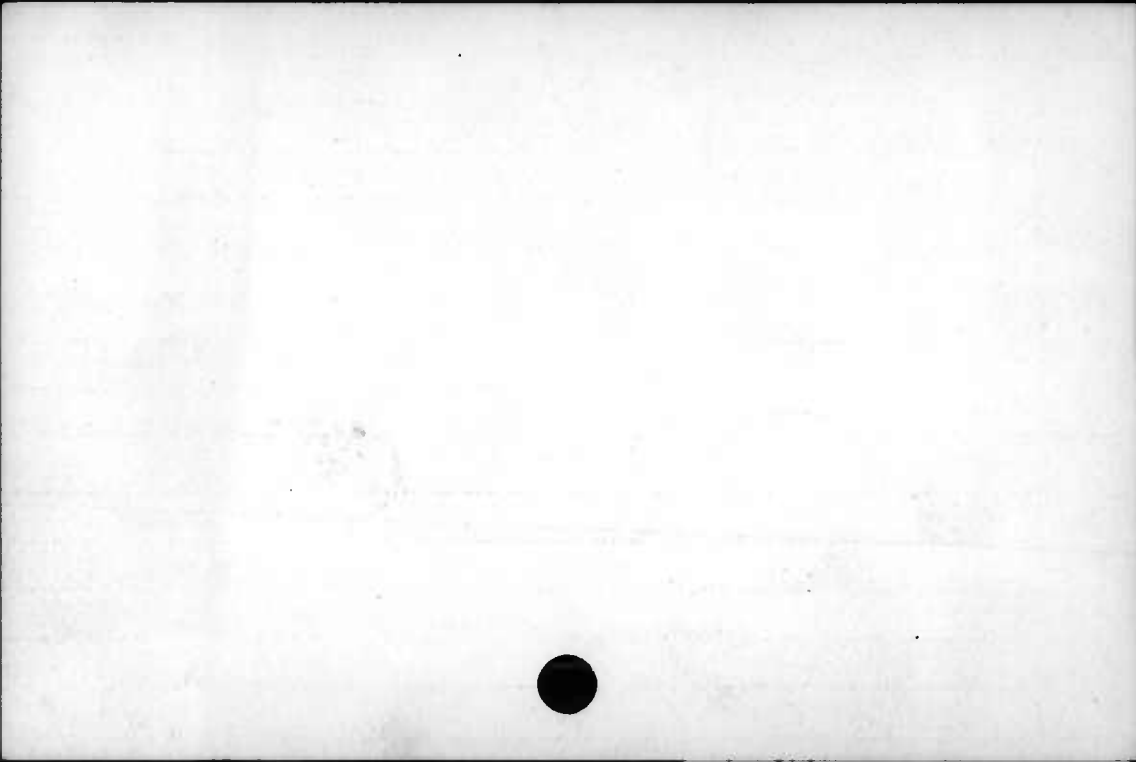
Died at <i>Atkins</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1907	Month	11	Day	30	Age	117
Sex	Male	Color or Race	negro	Birth-place	VA -		
Occupation	Farm Labor			Where Residing if not at place of death	at his home		
Married, Single or Widowed	married			Name of Wife or Husband	Kate Pearson		
Father's Name	_____			Father's Birthplace	_____		
Mother's Maiden Name	_____			Mother's Birthplace	_____		
Name of person giving information	Lillie Johnson			How related to deceased	Granddaughter		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Impairment of Age</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>prognosis</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. W. Williams M.D.</i>
		Address	<i>Savage Md</i>
Accident or Suicide?	<i>No</i>		





Name  
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Full

Matilda Jane Penn

## CERTIFICATE OF DEATH

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NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> High Ridge <sup>County</sup> HowardDate of death 1907 <sup>Month</sup> 11 <sup>Day</sup> 21 <sup>Age</sup> 70 <sup>Years</sup> 11 <sup>Months</sup> 28 <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Montgomery, Co. Md.Occupation none <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name Greenberry Penn

Father's Birthplace Montgomery Co. Md.

Mother's Maiden Name Miranda Mersick

Mother's Birthplace Montgomery Co. Md.

Name of person giving information C. E. Beall

How related to deceased Nephew

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary Pernicious Anemia

How long 2 yrs.

Immediate Asthenia

How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

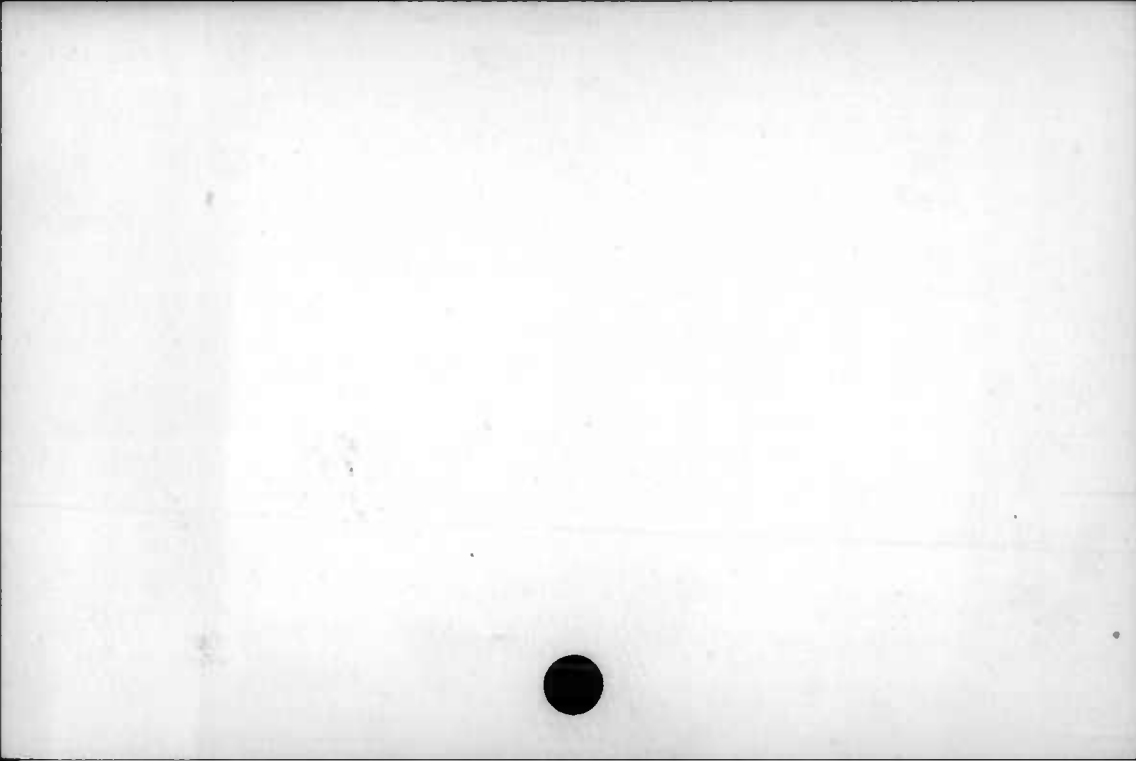
Signature of Physician

J. R. Kuntz M.D.

Address

Lanver Md

Accident or Suicide?



Name  
in  
Full

Lucinda Prather

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

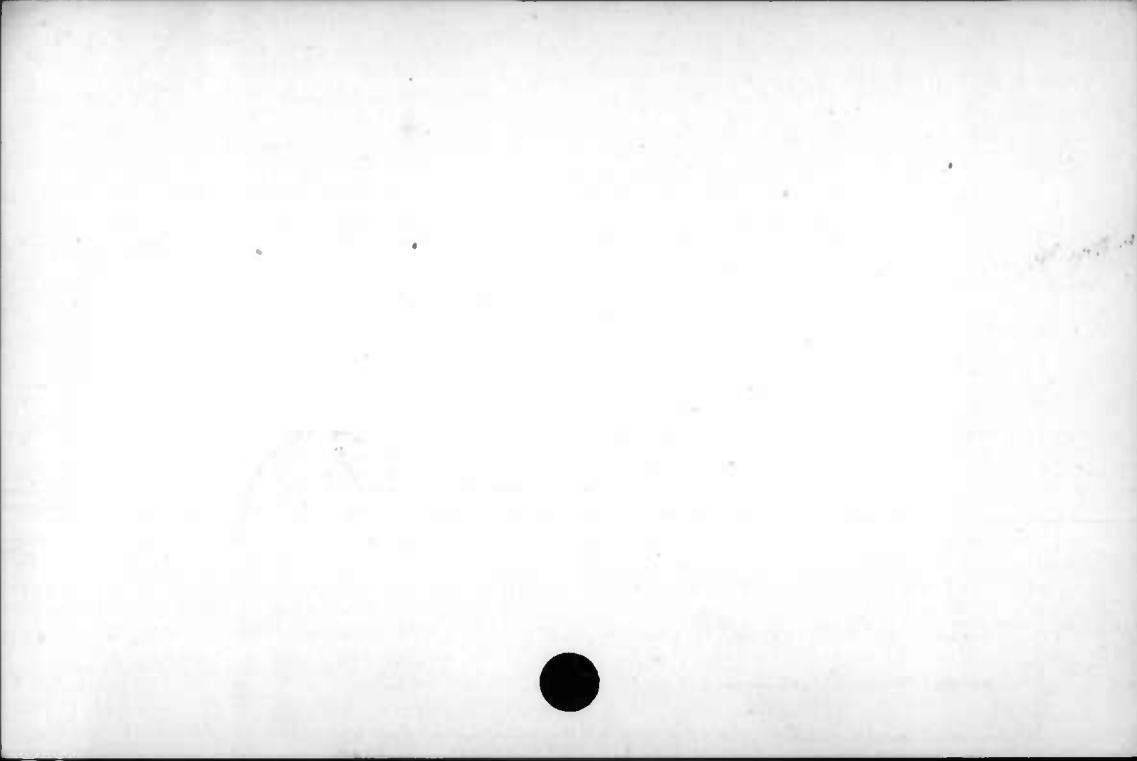
Died at		Town Savay		County Howard		MARYLAND	
Date of death 1907	Month 11	Day 5	Age	Years	Months	Days	9
Sex fem	Color or Race negr		Birth- place md				
Occupation Infant			Where Residing if not at place of death Savay				
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Joshua Prather			Father's Birthplace md				
Mother's Maiden Name Frances Lecker			Mother's Birthplace md				
Name of person giving in formation Joshua Prather			How related to deceased father				

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary	asthma	How long	9 days
Immediate	Eclampsia	How long	8 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician William M.D.	
		Address Savay	
Accident or Suicide? no		md	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

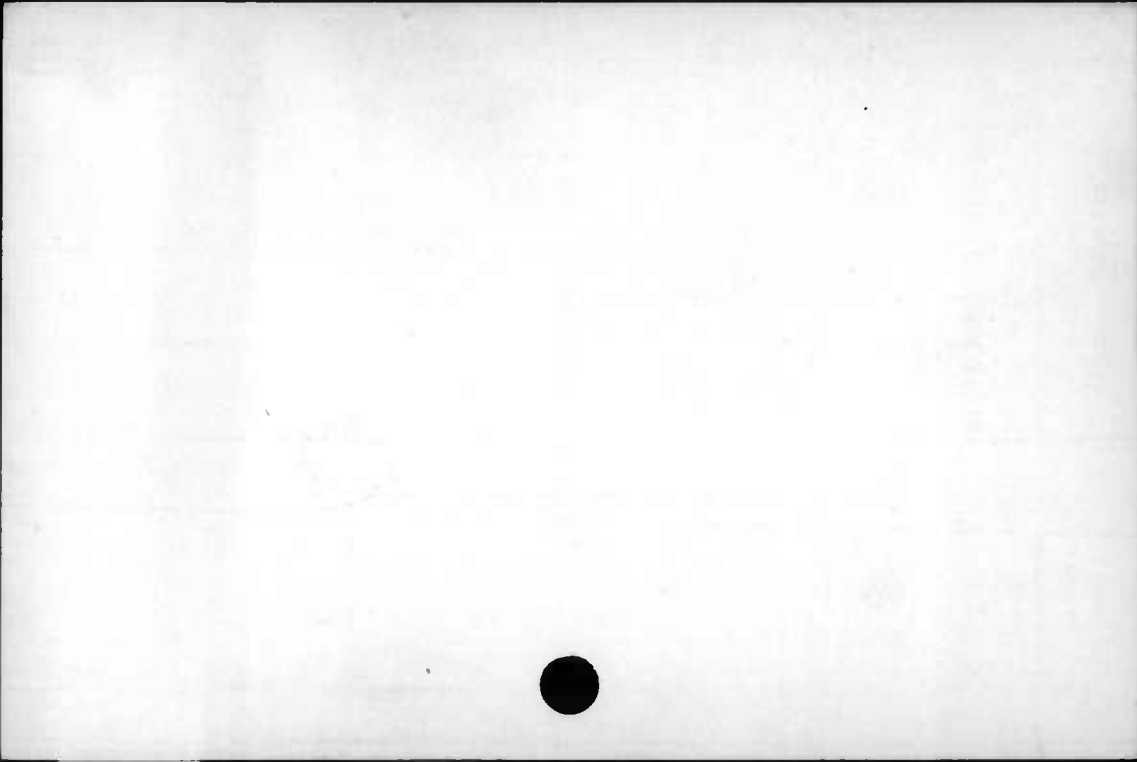
Name in Full <i>JAMES RUSH</i>		Town <i>Alberton</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Alberton</i>		Month <i>NOV</i>		Day <i>28</i>		Age <i>38</i>	
Date of death <i>1907</i>		Month <i>NOV</i>		Day <i>28</i>		Age <i>38</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>unknown</i>			
Occupation <i>unknown</i>		Where Residing if not at place of death <i>Philadelphia P.A.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>dont know</i>					
Father's Name <i>dont know</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>dont know</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Dr. Wm. Gambrille</i>		How related to deceased <i>not related</i>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>fell from B &amp; O. P. R. freight train</i>		How long —	
Immediate <i>run over and killed</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Bernard H. Wallenhorst, J.P.</i>	
<i>Accident</i>		Address <i>Acting Coroner</i>	
Accident or Suicide? —		<i>Ellicott City, Md.</i>	



Name  
in  
Full

Thomas Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

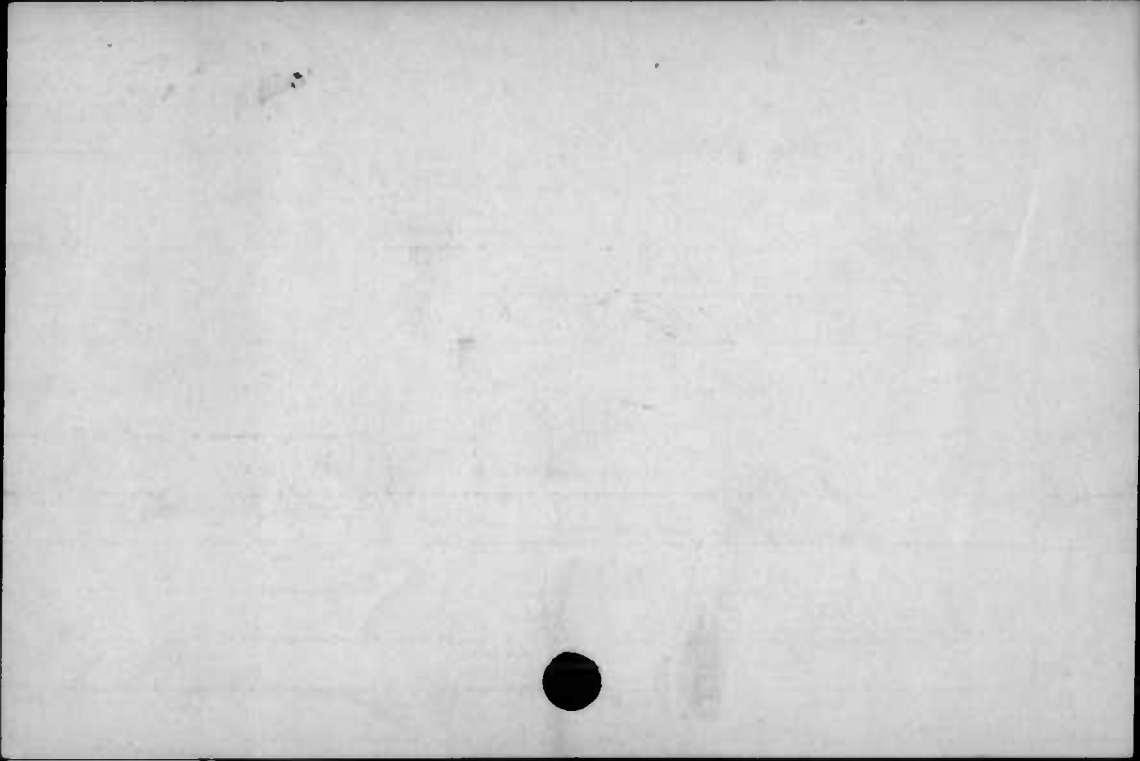
Died at <i>Eek Ridge</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>21</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Eek Ridge</i>				
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or <del>Husband</del> <i>Lola Smallwood</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Samuel Cooper</i>	How related to deceased <i>Friend.</i>				

## CAUSES OF DEATH

27

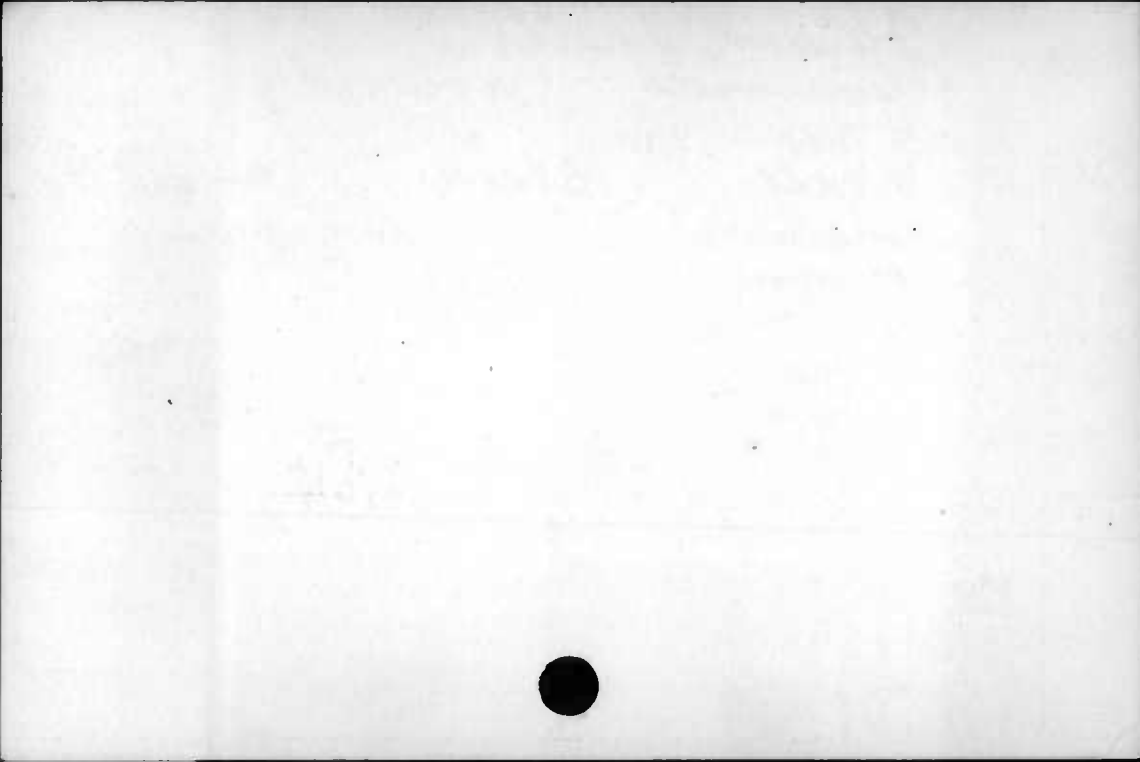
PHYSICIAN  
OR CORONER

Primary <i>Acute tuberculosis</i>	How long <i>9 or 10 mos.</i>
Immediate <i>Manition - Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Eek Ridge, Md.</i>
Accident or Suicide?	

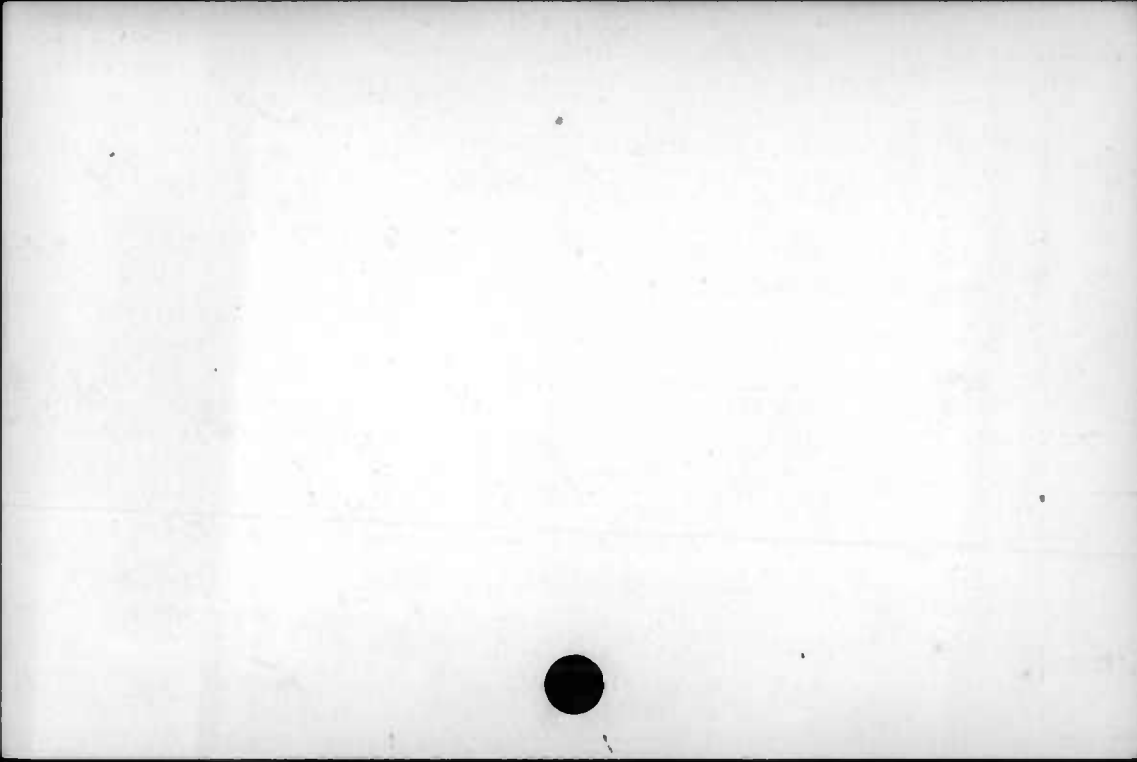




Name in Full		Town				County		CERTIFICATE OF DEATH			
Francis L Smith		Dairy				Howard		MARYLAND			
Died at		Date of death		Month		Day		Years		Months	
1907		Nov.		27		Age		31		8	
Sex		Male		Color or Race		# White		Birth-place		Md.	
Occupation		Farm Laborer		Where Residing if not at place of death							
Married, Single or Widowed		married		Name of Wife		Mary Miles					
Father's Name		Parents unknown. Mother was						Father's Birthplace			
Mother's Maiden Name		an orphan, raised by parties who took him from a Home						Mother's Birthplace			
Name of person giving In formation		B. W. Bowman						How related to deceased		none.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>											
Primary		Lung tuberculosis						How long		about 3 years.	
Immediate		Exhaustion						How long			
Are the name, age, sex, color, date and place correctly given above?								Signature of Physician		J. W. Lacy.	
								Address		Lisbon, Md.	
Accident or Suicide?											



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Leedsville		Howard		MARYLAND			
		Date of death		1907	Month 11	Day 26	Age 51	Months		Days	
		Sex		Male		Color or Race		Black		Birth-place	
		Occupation		Laborer		Where Residing if not at place of death		Leedsville		Howard Co	
		Married, Single or Widowed		Widowed		Name of Wife or Husband					
		Father's Name		Dennis Snell		Father's Birthplace					
		Mother's Maiden Name		Anne Mathews		Mother's Birthplace					
		Name of person giving information				How related to deceased					
		CAUSES OF DEATH				(94)					
PHYSICIAN OR CORONER		Primary		Pleurisy		How long		5 days			
		Immediate		Paralysis		How long		6 hrs			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. R. Smith			
				Address		Laurel end					
		Accident or Suicide?									



Name  
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Full

Maria Wallace

## CERTIFICATE OF DEATH

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NEAREST FRIEND

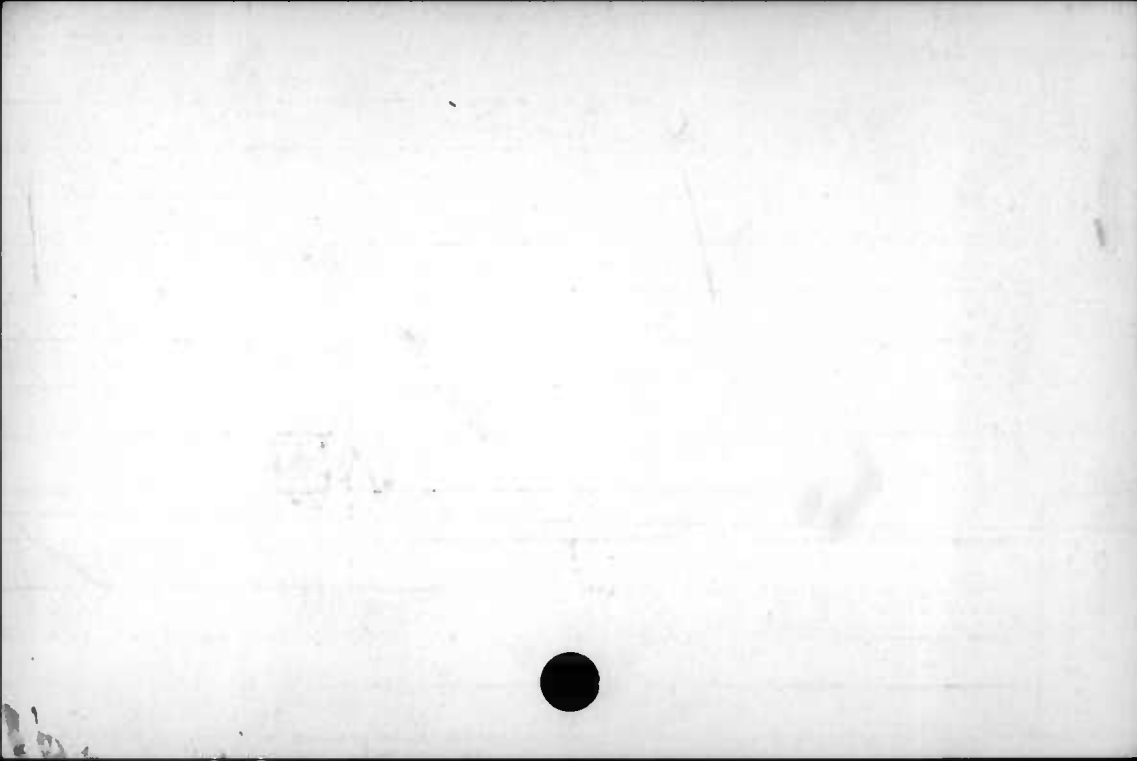
Died at		Town Savage		County Howard		MARYLAND	
Date of death 1907		Month 11		Day 8		Age 6	
Sex Female		Color or Race Negro		Birth-place Md			
Occupation Infant		Where Residing if not at place of death at home					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Joseph Wallace		Father's Birthplace Md					
Mother's Maiden Name Georgiana Bralley		Mother's Birthplace Md					
Name of person giving information Joseph Wallace		How related to deceased Father					

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	Burns	How long	2 days
Immediate	Shock	How long	12 hr
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. Dickinson Md
		Address	Savage
Accident or Suicide?	accident		Md



Name  
in  
Full

CERTIFICATE OF DEATH

*Virgie Wetzel*  
Town *(one of twin births)* County

MARYLAND

Died at *Lisbon*

Date of death *1907* Month *Nov.*

Day *11*

Age *Years*

Months *—*

Days *—*

Sex *Female*

Color or Race

*White*

Birth-place

*md*

Occupation

*none*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Howard G. J. Wetzel*

Father's Birthplace

*md*

Mother's Maiden Name

*Agnes Hoffmaster*

Mother's Birthplace

*md*

Name of person giving information

*"*

How related to deceased

*mother*

CAUSES OF DEATH

*137*

Primary

*Premature birth*

How long

Immediate

How long

*Lived only a few minutes*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. W. Lacy*  
*Lisbon*

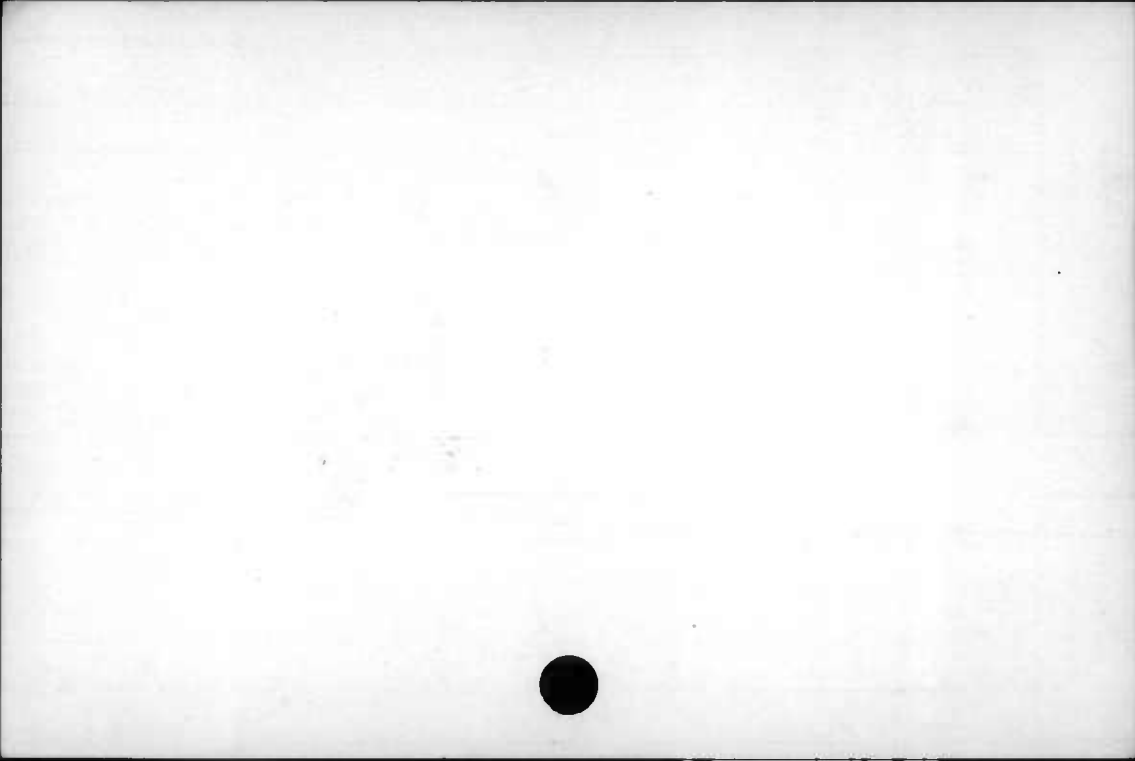
*md*

Accident or Suicide?

*—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

*Agnes Wetzell (one of twin daughters),*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lisbon</i>		Town <i>Lisbon</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>11.</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Howard G. J. Wetzell</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Agnes Hoffmaster</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>"</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born,</i>	How long <i>—</i>
Immediate <i>birth premature</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Laer</i>
	Address <i>Lisbon</i>
Accident or Suicide? <i>—</i>	<i>Md.</i>

